STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105375	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Campus Care Center and Rehab	715 E Dixie Ave Leesburg, FL 34748

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to inform the resident representative of discharge for one (Resident #2) of 3 residents reviewed for discharge. Findings include: Review of Resident #2's census data showed Resident #2 was admitted to the facility on [DATE] with the payor source hospice respite private. Review of Resident #2's Discharge Return not Anticipated minimum data assessment, dated 3/21/2026, showed Resident #2's cognitive summary score to be 7 [severe problems with memory and thinking]. Review of Resident #2's admission record showed his spouse was listed as emergency contact #1 and diagnoses that included vascular dementia with agitation. Review of Resident #2's progress note, dated 3/19/2026, read Patient admitted for a 5-day respite stay through [Name of Hospice Provider] with a diagnosis of cerebral atherosclerosis. Resident is A&Ox2 [alert and oriented times 2]. Review of the facility grievances showed Resident #2's spouse filed a grievance with the facility on 3/21/2026 that alleged Resident #2 had been discharged from the facility with his daughter and Resident #2's spouse (emergency contact #1) had not been notified of the discharge by the facility. The grievance file documented education had been given to the nursing staff on 3/23/2026 to refer to a patient's face sheet before completing a discharge. The education titled Discharge Process read All discharges require doctor's order, family or POA [Power of Attorney] notification, agreement and documentation of who the resident leaves with, no exceptions. Before discharge a resident, nurse must notify and obtain agreement from responsible party to ensure safe pickup, and document the process. During interview on 4/23/2026 beginning at 9:24 AM, the Administrator reported Resident #2's daughter had come to the facility and signed him out. She stated she did not believe Resident #2's daughter was his Power of Attorney. She reported Resident #2's daughter had taken him out of the facility and had not told Resident #2's spouse. The Administrator reported the incident had not yet been reviewed by the quality assurance performance improvement committee. Stated she did not know if anyone from the facility had notified Resident #2's spouse (emergency contact #1) that his daughter was removing him from the facility. During interview on 4/23/2026 beginning at 9:28 AM, the Director of Nursing stated there was no designated Power of Attorney in Resident #2's file but Resident #2's spouse was listed as his emergency contact #1. During interview on 4/23/2026 at 12:32 PM, Staff A, Licensed Practical Nurse, stated I was working the cart and all I know is there was a couple that came in and said the mom wanted him home. He was already in bed. It was about 8 o'clock. They were on the phone with somebody and kept saying the mom wants him home tonight. They kept insisting so I went and got the supervisor and she took over. I knew it was the daughter because she said she was the daughter. I only work 2 days a week. That's why I got the supervisor. They were on the phone the whole time and it appeared to be his wife. He did not object to leaving. He had no problem going with them. Wasn't objecting. I heard him talking to them. During interview on 4/23/2026 at 1:40 PM, Staff B, Registered Nurse, stated I don't remember any kind of time frame of that night. Daughter came to visit him and said mother wanted him home. Not that I'm aware of did anyone call the wife. Review of Resident #2's progress notes failed to reveal documentation the facility had attempted to contact Resident #2's emergency contact #1 to verify the (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105375	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Campus Care Center and Rehab	715 E Dixie Ave Leesburg, FL 34748

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	identity of the person removing Resident #2 from the facility and to verify Resident #2's emergency contact was aware of and approved of Resident #2's removal from the facility.